

**INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM
FOR ALL CREDITORS**

<i>Item</i>	<i>Instructions</i>
1.	State party to whom payment should be made.
2.	Provide address to which payment should be made. If this address changes after submission of the Proof of Claim, a revised Proof of Claim must be submitted, indicating the revision.
3.	State Contact Person familiar with the proof of claim submitted who may be contacted if necessary. State Claimant's and Contact Person's telephone numbers to contact if necessary.
4.	Provide Claimant's Federal Tax Identification Number or Social Security Number. Complete the attached IRS W-9 Form, available at www.irs.gov .
5.	Do you have an attorney representing you in regards to this Proof of Claim? If so, state the attorney's name, address and telephone number.
6.	Describe the nature or basis of your claim against Village Life, Inc and attach supporting documentation for your claim, such as a copy of any contracts, cancelled checks or payment receipts.
7.	State whether you are a <u>vendor</u> of Village Life, Inc. or an <u>investor</u> with Village Life, Inc. If you are an investor, mark which program you participated in and the total amount invested in each such program.
8.	Provide the total amount of sums claimed in this Proof of Claim to be owed by Village Life, Inc.
9.	Print the name of the person executing the claim on behalf of the Claimant.
10.	Sign the Proof of Claim Form and have your signature notarized.
11.	Attach supporting documentation (such as cancelled checks, payment receipts, etc.) and the completed W-9 tax form.
12.	Keep a copy for your own records.

CLAIM DOCUMENTATION MUST BE ATTACHED TO THIS PROOF OF CLAIM ALONG WITH A W-9 FEDERAL TAX FORM. Claims cannot be processed and paid without supporting documentation.

Only one claim per Proof of Claim form will be accepted. If additional claims are identified, you must submit a separate Proof of Claim form and attach the appropriate supporting documentation and W-9 for each. No Proof of Claim should duplicate claimed amounts submitted with a previous Proof of Claim.

********ALL CLAIMS MUST BE PRESENTED (RECEIVED) ON OR BEFORE*****
MARCH 31, 2004, 4:30 P.M., C.T. AT THE FOLLOWING ADDRESS:***

***Village Life, Inc. Receivership Administrative Office
P. O. Box 281348
Nashville, TN 37228-1348***

Inquiries concerning status of liquidation may be to the above address.

***PROOF OF CLAIM
AGAINST LIQUIDATED ESTATE OF
VILLAGE LIFE, INC.***

CLAIMANT INFORMATION

(For Liquidator's Use Only)

Claim # _____

Date Received: _____

1. Claimant Name: (Party who is executing this claim and to whom payment should be made)

2. Claimant Address: (Address to which Payment should be directed)

(Street)

(City)

(State)

(Zip Code)

3. Contact Person Name and Title: _____ **Phone(s):** _____ - _____

4. Federal Tax ID # / Social Security #: _____ Attach completed IRS W-9 Form (available at
www.irs.gov).

5. Are you represented by Counsel? If so, Counsel Name, Address and Phone: _____

CLAIM INFORMATION

6. State the Basis for your Claim: (Provide general description of basis for claim and supporting documentation of the amount invested in each program.)

7. Are you a Vendor or an Investor of Village Life, Inc.? _____ **If you are an Investor, in which investment program did you participate?**

Home Ownership Program _____ **Amount Invested** _____

Auto Ownership Program _____ **Amount Invested** _____

Student Loan Program _____ **Amount Invested** _____

Credit Card Program _____ **Amount Invested** _____

8. Total Amount of Claim: _____

*****CLAIM DOCUMENTATION AND W-9 MUST BE ATTACHED TO and SUBMITTED WITH THIS PROOF OF CLAIM*****

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who states under oath the following: I attest that, after deducting all offsets and counterclaims the above entity is indebted to me as contained herein, that this claim is TRUE & CORRECT and justly owed.

10. Claimant Name: (Please Print) _____

11. Claimant Signature: _____

SUBSCRIBED AND SWORN BEFORE ME, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Notary Name Typed/Printed